

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Gurmohan Syali

Mailing Address 235 N Belle Mead Avenue

City State Zip Code
 East Setauket NY 11733

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 11 / 2015

Transaction ID : SA11AI.6024

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Theodorakis

Mailing Address 19 Shore Oaks Drive

City State Zip Code
 Stony Brook NY 11790

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 11 / 2015

Transaction ID : SA11AI.6025

Amount of Each Receipt this Period

2000.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Mark E. Thompson

Mailing Address 7175 Fox Lake Dr

City State Zip Code
 Blacklick OH 43004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Ohio Onc/Hem Inc

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 27 / 2015

Transaction ID : SA11AI.6026

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00